

Abstracts

127

number of comorbidities were all significant predictors accounting for 26% of variance in costs. Number of comorbidities was the only variable significantly associated with the cost of antibiotics. **CONCLUSIONS:** Appropriate empirical antibiotic treatment of patients with culture positive intra-abdominal infection is strongly associated with length of stay and hospital costs.

PG115

COMPUTERIZED ASSESSMENT OF COMPLICATIONS FOLLOWING COLORECTAL SURGERY

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OBJECTIVES: Historically, complication rates following colorectal surgery were stratified by disease process, type of operation, or anesthesia risk derived after an intensive review of the medical record. Newer computer applications purport to shorten this process and predict the probability of postoperative complications by distinguishing them from comorbidities that are co-mingled on uniform discharge codes. We analyzed CaduCIS software (CareScience, Inc., Philadelphia, PA) which uses discharge codes to see if its predictions of comorbidity and complications accurately track the medical record. **METHODS:** Two-hundred and seventy patients were analyzed using principal and secondary diagnoses coded on discharge. Coding inaccuracies of clinical occurrences were identified by physician review of each medical record. The actual incidences of 17 common preoperative comorbidities and 11 postoperative complications were compared to computerized predictions by applying standard statistical tests. **RESULTS:** The overall incidence of complications obtained by physician (actual) review was 47%, compared to 46% by computer. The computerized predicted distribution of comorbidities was similar to the actual occurrences in 15 of 17 categories. Analysis showed a statistical difference between the computer-predicted and "actual" complication rates in 5 of the 11 categories; however these differences (underestimates) were due to charting and coding inaccuracies, not to computerized errors. The most common preoperative comorbidities and complications were cardiopulmonary (47% and 28%, respectively). **CONCLUSIONS:** The computer-system's accurate measurement of the overall complication rate supports the claim that aggregate complication estimates derived from readily available administrative data are sufficient for across-the-board comparisons among hospitals. The computerized system can generate such measurements in a fraction of the time it takes to manually review the medical records. As uniform discharge coding of co-mingled comorbidity and complications are increasingly used to rapidly compute surgical outcomes, colon and rectal surgeons need to ensure compatibility of the actual and coded medical record.

PG116

ANALYSIS OF THE LONG-TERM COSTS, SAVINGS AND EFFECTS GENERATED BY INFlixIMAB TO NORMALIZE QUALITY OF LIFE IN PATIENTS WITH CROHN'S DISEASE

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OBJECTIVES: Infliximab (Remicade) (I) 5mg/kg is effective to control refractory Crohn's disease in 81% and to improve fistulas in 68% of patients, thus greatly improving quality of life (QoL). The objective of this study was to calculate the direct costs and savings generated by I to achieve this improvement of QoL. **METHODS:** This mirror-image study was carried out in 48 patients, of which 22 had fistulas, all responding to therapy. Patients were followed for 6 to 24 months prior and 6 to 24 months after I. All direct costs to the Belgian public payer were recorded separately for every 6 month time period before and after I, in order to control for a bias due to changed management regardless of I. The cost of I was calculated separately. IBDQ scores were recorded before and after I for each period. **RESULTS:** There was an important build up of costs in each period before I: -2-1.5y: 1,002 (±459) Euro; -1.5-1.0y: 1,486 (±459) Euro; -1.0-0.5y: 2,114 (±391) Euro; -0.5-0y: 2,427 (±302) Euro. After I there was a sharp decrease of the cost of care (excluding the cost of I) to 1,760 (±239) Euro (0+0.5y) and 1,380 (±264) Euro (+0.5+1.0y). The decrease was statistically significant (p=0.016). The average cost of I in the first six months was 4,850 (±327) Euro and in the second six months 1,300 (±280) Euro. The IBDQ increased from 147.8 (SE 8.4) to 187.8 (SE 7.0). The total direct cost of care after I, adjusted for the non-responders, was calculated to be 17.0 Euro per day of normalised QoL. **CONCLUSIONS:** Although the cost of infliximab is substantial, the total direct cost to produce a normal QoL in the entire year after therapy is quite acceptable, providing that patients not responding are not further treated.

PG117

COMPARISON OF GENERIC VERSUS DISEASE SPECIFIC TOOLS FOR THE MEASUREMENT OF HEALTH-RELATED QUALITY OF LIFE IN CROHN'S DISEASE

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Health-related quality of life (HRQoL) research suggests that, due to unique characteristics of a disease state, disease specific tools are better discriminators of health status than generic tools. **OBJECTIVE:** To compare generic (SF-12) versus disease specific (SIBDQ) quality of life tools in a cohort of patients receiving treatment for Crohn's Disease (CD). **METHODS:** Structural Equation